

JUL 27 2006



500 IDS CENTER
80 SOUTH EIGHTH STREET
MINNEAPOLIS, MN 55402-3796

612 632-3000
FAX: 612 632-4444
www.gpmlaw.com

INCLUDING THE LAW FIRM HALL & BYERS, P.A.
1010 WEST ST. GERMAIN STREET, SUITE 600
ST. CLOUD, MN 56301

320 252-4414
FAX: 320 252-4482
www.gpmlaw.com

Date: July 27, 2006

Fax Number: 1-571-273-8300

Receiver's Direct Line Number: 1-571-272-4494

Please deliver to: **Examiner Robert A. Rose**
Art Unit: 3723

Firm: **United States Patent and
Trademark Office**

Location: **Alexandria, VA**

From: **Peter Forrest (33,235)**

Direct Dial: 612/632-3067

No. of pages including cover: **15** GPM Timekeeper No.: **1122** Matter: **93109**

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL (612)632-3000

Original Document **will not** be sent by regular mail.

COMMENTS:

Re: **Application no: 10/552,391**
Inventor: Anderson, Thomas M.
Title: SYSTEM FOR REPLACEMENT OF SHEET ABRASIVE

Amendment and Response enclosed.

The information contained in this facsimile message may contain attorney privileged and confidential information intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone, and return the original message to us at the above address via the U.S. postal service.

GP:1979315 v1

JUL 27 2006



500 IDS CENTER
80 SOUTH EIGHTH STREET
MINNEAPOLIS, MN 55402-3796
612 632-3000
Fax: 612 632-4444

1010 WEST ST. GERMAIN STREET
SUITE 600
ST. CLOUD, MN 56301
320 252-4414
Fax: 320 252-4482

Reply to Minneapolis
Peter Forrest
612 632-3067
peter.forrest@gpmlaw.com

July 27, 2006

VIA FACSIMILE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

First Named Inventor: Anderson, Thomas M.
U.S. Application No.: 10/552,391
371(c) Date: October 7, 2005
Title: SYSTEM FOR REPLACEMENT OF SHEET ABRASIVE
Attorney Docket No.: 93109

TRANSMITTAL LETTER

Dear Sir:

Enclosed for filing with the United States Patent and Trademark Office, please find:

1. Transmittal Letter, including Certificate of Facsimile Transmission under 37 C.F.R. 1.8 (2 Sheets);
2. Amendment and Response (10 Sheets); and,
3. Fee Transmittal for FY 2006 (in duplicate).

Please charge Deposit Account 500937 the Small Entity fees of \$800.00 for a four additional independent claims over three and for any other additional fees required at this time. If you have any questions, please contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read "Peter Forrest", written over a horizontal line.

Peter Forrest (33,235)
Attorney for Applicants

Commissioner for Patents

Page 2

July 17, 2006

Certificate of Facsimile Transmission under 37 C.F.R. §1.8

I hereby certify that the following identified correspondence is being transmitted via facsimile to the United States Patent and Trademark Office on July 27, 2006: Transmittal Letter, including Certificate of Facsimile Transmission under 37 C.F.R. 1.8 (2 Sheets); Amendment and Response (10 Sheets); and, Fee Transmittal for FY 2006 (in duplicate).


Tiffany Larson

GP:1979306 v1

07/27/2006 11:17 FAX 6126324444

GRAY PLANT MOOTY

JUL 27 2006

014

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).

FEE TRANSMITTAL For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 800.00

Complete if Known

| | |
|----------------------|---------------------|
| Application Number | 10/552,391 |
| Filing Date | 10/07/2005 |
| First Named Inventor | Anderson, Thomas M. |
| Examiner Name | Rose, Robert A. |
| Art Unit | 3723 |
| Attorney Docket No. | 93109 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Fee (\$) | Small Entity Fee (\$) |
|---------------------------|-----------------------|
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |
| Multiple Dependent Claims | |
| Fee (\$) | Fee Paid (\$) |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = 4 x 200 = 800

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY

Signature



Registration No. 33,235
(Attorney/Agent)

Telephone 612-832-3067

Name (Print/Type) Peter Forrest

Date 07/27/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

Anderson, Thomas M.

Application Number

10/552,391

371(c) Date

October 7, 2005

For:

**SYSTEM FOR
REPLACEMENT OF
SHEET ABRASIVE**

Art Unit

3723

Examiner

Rose, Robert A.

File No.:

93109

AMENDMENT

Commissioner of Patents and Trademarks
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Examiner's Action of July 3, 2006, please enter the following amendments and reconsider this application.

Claim Amendments begin on page 2.

Remarks begin on page 9.

Conclusion begins on page 10.

07/28/2006 FFANAEIA 00000001 500937 10552391

01 FC:1201 800.00 DA